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# **What is the meaning of filial piety for people with dementia and their family caregivers in China under the current social transitions? An interpretative phenomenological analysis**

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## **Abstract**

The filial piety model of family centred care has dominated Chinese society for thousands of years. The ways in which filial piety is presented are being modified and modernized as China undergoes social transitions. The study aims to understand the meaning of filial piety for people with dementia and family caregivers. Semi-structured interviews with people with dementia (n=10) and family caregivers (n=14) were conducted. Data were analysed using interpretative phenomenological analysis. Three themes emerged: (a) 'Being filial is a cultural continuity and my future investment'. (b) 'The changed perception and ways of being filial'. (c) 'Filial responsibility is a social and cultural convention, but not my personal choice'. This study highlights the importance of cultural values in family care decision making and in shaping filial responsibilities. It indicates that filial obligation can be maintained

through social support, even though the nature of filial piety has been changed by social transitions.

## **Keywords**

Dementia, family caregivers, filial piety, obligation, China

## **Introduction**

China had 9.19 million people with dementia in 2012 - over 20% of the world's dementia population (Chan et al., 2013). In China, family caregiving accounts for a significant proportion of the care provided for people with dementia (Yu et al., 2016) and it is a legal obligation for adult children to take care of their aged parents (Wu et al., 2005; Zhan, 2005). Caring for older parents in China has been viewed as a family's responsibility for thousands of years, with roles and relationships between children and parents regulated by Confucius's filial piety (Zhan, 2004). However, the capacity and availability of the traditional family care support system are influenced by social-cultural and demographical changes, such as the 4-2-1 family structure (four grandparents, two parents and one child) as a result of the One Child Policy, and increasing migration and urbanization which has decreased the care workforce, isolated older people in rural areas and may result in the family assuming less responsibility for older family members. Dementia care services have been particularly affected since dementia care requires complex physical and psychological input (Chen et al., 2013). Chinese family caregivers are, therefore, facing a great challenge fulfilling their filial responsibility to a family member with dementia (Chen et al., 2013).

The lived experiences of people with dementia and their family caregivers in western countries have been studied intensively. A large volume of Western literature views

caregiving as having a negative impact characterised by physical, psychological, social and financial burden. Despite the challenges of caregiving, some studies identified benefits through caring for a person with dementia (Peacock et al., 2010; Quinn et al., 2010; van Zadelhoff et al., 2011). However, these aspects of research have been rarely studied in Asian countries. Traditional cultures may have cultivated the caregiving experience differently from one population to another. For example, Iranians think their relative becoming ill is a punishment for their sins in the past (Navab et al., 2012); in a study of Hispanic caregivers, Simpson (2010) indicated that familism and loyalty to family strongly influence caring roles. Traditions of filial piety demand that the Chinese take care their parents when they get old. Thus, these pressures may modify the caregiving experience in a different way to other ethnic groups and it is important to understand how the belief of filial piety influences the lives of people with dementia and caregivers.

This study aims to understand the lived experiences of people with dementia and their family caregivers in China. It focuses on the impacts of changing socio-economic, demographic and cultural values from their perspectives of the meaning of living with and caring for people with dementia; the negative and positive impact of their lived experiences, their ability to cope with their 'altered' life and their expectations of health and social care support; and impact on their quality of life and how they cope with their filial responsibility.

## **Methods**

**Methodology:** This study used IPA as the methodological approach. IPA aims to obtain and analyse the specific experiences of the individual in a specific context or environment (Smith, 2009; Smith, 2015). It is concerned with how individuals make

sense of and report their subjective experiences, and how those data are interpreted by the researcher with personal and professional knowledge and beliefs. Thus, it draws on both descriptive and hermeneutic phenomenology to identify meanings. IPA is based on idiographic analysis which requires a small sample size and deep, detailed subjective accounts to understanding experiences (Smith, 2009).

**Ethical issues:** The research was approved by Edinburgh University and Shandong Mental Health Centre. In order to maintain confidentiality, participants' details were anonymized and pseudonyms used. Consent forms were signed by participants before conducting the interviews. According to the Seventeenth general principle of the civil law of the People's Republic of China, for people who did not have capacity for decision-making, the legal guardian or relative signed the consent form. The provisions of the Mental Capacity Act (2005) were followed to assess whether a person lacks capacity.

**Research site:** The research site was one of the mental health centres in Shandong province, China. This site was chosen because Shandong is the hometown of Confucius where the traditional culture of 'Xiao' (filial piety) originated. There are 98.47 million people in Shandong and 13.67% are over 65 years old. However, according to Alzheimer's Disease International in China, there are no official statistics of people with dementia, no dementia care regulations and very limited support services for people with dementia and their family caregivers. The mental health centre is one of few authorised institutions for the diagnosis of dementia and treatment by professional psychiatrists in the province.

**Participants:** Patients from the Mental Health Centre's outpatient and inpatient service (hospitals and Clinics) who met the inclusion criteria and were interested in

the research were included in a 'recommended patient list' by the Unit Manager and participants were recruited from this list. Inclusion criteria were: people with dementia who have been formally diagnosed with dementia ranging from mild to moderate severity so when conducting an interviewing their communication and comprehension skills would be less impaired (Lloyd et al, 2006), they must also have been cared for in the communities; family caregivers who are over 18 years old with over 6 months of caring experience so that they had enough subjective experience to reflect upon. The participants included 10 people with dementia and 14 family caregivers. The participants of the dementia group consisted of two females and eight males, whose ages ranged from 67 to 87. The family caregivers group consisted of nine females and five males, whose ages ranged from 39 to 78, with five spouses, eight children and one mother. All the family caregiver participants lived with the person with dementia in the same house. The participants were from urban and rural areas in Shandong province, fourteen were urban residents and ten were rural residents. All the participants were of Chinese origin and they had a range of social, geographical and educational backgrounds.

**Data collection:** Data were collected through individual semi-structured interviews and including open-ended questions to allow the participants to fully express their viewpoints (Turner, 2010). For example, in order to understand "what the meaning of filial piety is to them?" We asked the questions: "What made you take the decision to look after your parents?" "How would you feel if you were not able to care for your parents?" Or "What are your expectations of your children?" The interviews conducted in Mandarin (the official language of China), lasted between 30 and 60 minutes and were audio recorded for later transcription. Taking into consideration the impact of cognition and communication abilities of the person with dementia, the

length of interviews with people with dementia was generally shorter than family caregivers and the interview questions were shorter and more concise. It was not always clear how much the participants knew about their condition, and so terms such as 'dementia' or 'Alzheimer's disease' were avoided unless the participants mentioned them themselves. 'Memory loss' or 'forgetting' were used instead in the interviews. During the interviews, field notes were used to note any important non-verbal or emotional responses or any specific requirements that needed further actions. Half of the people with dementia indicated that they knew they had dementia, however, two of them said: "This is because I am old". One family caregiver seemed to need emotional support and the village clinic physician was informed with the consent of the participant, and the caregiver was given the contact number of the China Association for Alzheimer's Disease.

**Data analysis:** Nvivo 10 software was used for managing and assisting the data analysis. The process of analysis followed Smith's six steps of IPA (Smith, 2009):

- (1) reading and rereading of each transcript allowed the researcher to actively engage with data analysis and to shift from generic explanations to the specifics of individual experiences;
- (2) examining the semantic content, language and context on an exploratory level with line-by-line coding;
- (3) listing all the key points and categorised them into initial themes;
- (4) analysing all the cases one by one;
- (5) following up with all the themes emerged;
- (6) identifying connections and patterns within and across the cases.

IPA aims to explore the participant's experience and how the participant makes sense of that experience (Smith, 2009). As well as providing a description and interpretation of the individual experience, it involves the analyst's belief and knowledge of the interpretation of the data. Therefore, during the data analysis, the researcher (XZ) reflected on her own pre-existing values, assumptions and beliefs that may affect the interpretation of data. A reflective diary was used to record the researcher's experiences and responses to data collection and analysis. As the researcher had working experiences in both China and the UK, the different perceptions of health professionals in different social and cultural settings was an important focus of reflection. Translation took place after analysis in order to stay as close as possible to the cultural nuances of the interview data during analysis.

## **The findings**

The findings include three themes: 'Being filial is a cultural continuity and is my future investment' which relates to traditional cultural value, customs and Confucius' philosophy; 'The changed perception and ways of being filial' explains how a changing society affects the cultural value and the ways of being filial; 'Filial responsibility is a sociocultural convention, but not my personal choice' which reflects the impacts of the social and cultural expectations on personal life.

### ***Being filial is a cultural continuity and is my future investment.***

This theme reflects the traditional concept of Confucius' filial piety. During the interviews, the topic of 'filial piety' was mentioned without prompting by all of the participants in the study. For the participants, looking after parents is a child's responsibility that is embedded in the traditional culture. For example, Ling, a family caregiver (FC) says:



*“...I will get older later, looking after my mum is not only my responsibility, but I am also a role model for my son. If I am not filial to my mum, my son might not be filial to me...” [FC5, Ling].*

For Ling, looking after his mother is not only a task and an obligation, it is also a responsibility for him to carry on with the cultural continuity for the next generation and a potential investment for his own future. Caregiving responsibility has been interpreted as a cultural heritage and traditional value. Xue shared a similar view:

*“...The most important thing for me is the fact that I have played as a role model for my son, he will carry the culture of filial piety as he watches me do it.” [FC2, Xue].*

When talking about whether there are effects on the family relationships as Yan takes care of her mother, she responds:

*“... filial piety is the most important. Looking after parents is a priority for me, my child is also filial to his grandmother and he is a good kid. Parents are first, I'd rather sacrifice my job and....” [FC13, Yan].*

In Yan's opinion, being filial is not only a virtue, but is an indicator to judge a person's character – describing her son as 'a good kid'. From talking about herself to her son, the belief in filial has been treated as culture heritage in the whole family. Yan's role of looking after her mother translates to the role as a carrier of the traditional culture value. For Yan, whatever is needed in order to complete this responsibility is worth doing. A strong feeling of willingness and pride that is related with cultural value can be identified here. Similarly, Guang says:

*“I think being filial should be a thing most are willing to do. Compassion from your heart can create a good mood for you too...” [FC1, Guang].*

In this extract, Guang has raised a stronger feeling of willingness. The meaning of filial is not only a cultural belief and an important thing in her life, but it is inspiration and spiritual healing for her. For Mei, being filial is more like being a self-comfort - she says:

*“It doesn’t affect my family relationship, because being filial is a priority in Chinese traditional culture... The only thing is that I had to sacrifice is many social activities and things which I am enjoying. I think that my life shouldn’t be like this. However, on the other hand, being filial is a self-comfort for me as I am fulfilling my caring responsibility.” [FC6, Mei].*

Several meanings appear in the Mei’s quote. Firstly, it is a clear indicator of a sense of culture of continuity of filial piety by talking about the actions of the family. In addition, the participant’s self-sacrifice has emphasized the critical responsibility of taking care of her parents as a child. Thirdly, Mei refers to taking the caring responsibly as a ‘self-comfort’. She acknowledges that being filial is spiritually fulfilling and yet also a responsibility that cannot be avoided in Chinese culture.

The views about filial piety from the participants above revealed that being filial is not just about the action of looking after people with dementia, it is something very important that can be culturally and spiritually inherited. It is a moral and cultural duty, which increases the family caregivers’ willingness to look after their relative with dementia and enhances the relationship between people with dementia and their family as well the quality of care.

### ***The changed perception and ways of being filial***

In this theme, participants with dementia described how their children were being filial to them, which reflected the different perceptions of filial responsibility that they

each hold. During the interviews, more than half of the participants with dementia held the view that being filial related to whether their children provide finance for them. For example, one people with dementia (PWD) says:

*“It is filial if they can provide the basic living material. Being filial can be in different ways. For me, they are filial as they provide food and drink to me. It is not filial if somebody wouldn’t provide the basic living material for their parents.” [PWD7, Yin].*

Even though Yin claims there are many ways of being filial, his experience of filial piety lies in his everyday life of what he needs for survival. Chuan said similar things:

*“I have one son, he is filial. He would send food and other stuff, whatever I need. I have no daughter. He buys clothes for me whenever he sees others wearing things that might suit me...” [PWD5, Chuan].*

In the above quotations, providing the physical materials is a foundational component of filial piety. This may be associated with the current social security system as many older people don’t have a pension and so they are financially dependent on their children.

However, for Shao, being filial is more about having concern and respect towards parents. This may be because Shao and his wife are still able to work on the land and get income from it. Shao says:

*“What is filial piety? The first and most important thing is to listen to your parents and do whatever they say...Children must care about their parents and talk to them.” [PWD10, Shao].*

Shao, however, describes the meaning of filial piety as providing spiritual support rather than the material support such as food. This is consistent with one of the components of Confucius's filial piety.

For Ye, the way of being filial is present in everyday life activities. Such as, doing house chores with children.

*"Children are good to me. I have five children. They often help me with cooking, they like to listen to me." (PWD6, Ye).*

Cooking together doesn't mean just helping with a chore for Ye. The process of sharing the task with children is more important. For Ye, being filial is reflected in the actions between parents and children. Liang expresses the same perspective as Ye.

*"...coming and visiting me, helping me to do some stuff. I don't want them to spend money on me, just come and help with washing and tidying." [PWD4, Liang].*

In these two quotes, the meaning of being filial links to the family connection and being together that lies in daily life activities.

As a family caregiver, Xue thinks that there are many ways of being filial but, for her, physically looking after her father is 'paying' filial piety:

*"I think if someone can (physically) look after their parents it would be Xiao [filial piety]. We can't value Xiao by money, it isn't Xiao if one only gives lots of money to parents, and we do need to consider the person's income. It is better to look after parents, take care of them in daily life. Err... we must consider the situation of everybody. For my situation, I can look after my father which is Xiao." [FC2, Xue].*

In the quote above, Xue interprets the concept of filial piety in two different ways: a spiritual way and a realistic way. ‘*We can’t value ‘Xiao’ by money*’ reflects the spiritual world of being filial as a cultural value which is personally significant. Providing physical care is reflected in real life, in which physical materials and daily tasks are important too.

For Yin, filial piety seems to be a safety net and a backup resource which brought a sense of security for him:

*“I am not afraid of the financial problem. I don’t need to worry about the difficulties, it is not my problem to borrow money, is it? I have children, the children will shoulder it up...” [PWD7, Yin].*

The quote reflects Yin’s feelings of security as he knows he would get support from his children if necessary which helped him adapt to his new life quickly and easily. However, Yi has a different view of filial piety, saying:

*“I cannot say that whether my children are being filial to me currently...but remember it, if parents are wealthy and useful, children would be filial; otherwise, if parents lose the ability to be useful, the children would be not being filial to the parents.” [PWD8, Yi].*

Yi lives in a rural area and his family has a large debt. This situation has led him to have different experiences of filial responsibility. He seems afraid to be discarded by his children and has judged filial piety by the value of the parents to their children. Yi’s perception of filial responsibility may reflect the weakness of the older family support care system, as this family care model requires considerable emotional and financial burden on family members. Once this burden exceeds their ability to cope, being filial may not happen and, the person may not be supported by family.

Some family caregiver participants described the sacrifice of their jobs, social activities or time to take care a person with dementia. In the following quote, Yan emphasised the cost of taking care of her mother and the sense of self-sacrifice, illustrating filial as both the fulfilment of her responsibility and her self-sacrifice:

*“In fact, I have given up a lot... I gave up marriage and gave up my job as well...” [FC13, Yan].*

Similarly, the sense of having no alternative option to taking care of her mother is evident in Mei’s contribution:

*‘...because being filial is a priority in Chinese traditional culture... The only thing is that I had to sacrifice many social activities and things which I am enjoying. I think that my life shouldn’t be like this...’ (FC 6, Mei).*

A query about the relationship between the meaning of filial piety and caring responsibility appears in Mei’s description. It reflects doubt about the traditional family care model as Mei had to sacrifice her social activities and free time. In China, following the rapid social change and economic development, many adults cannot look after their older parents because they must invest their time in a fiercely competitive society to earn a living. This has challenged the traditional culture of filial piety and may suggest that an alternative model of care in China is required.

Across the interviews, being filial has been interpreted by the participants in different ways, and the meaning of filial piety seems to become more realistic but less spiritual. However, under the current health care and social welfare systems in China, family provided care is still expected by both family caregivers and people with dementia, such as, Yu says:

*“I never think about it [sending mother to care home], she is my mother, it is not reasonable to let a care home to take the caring responsibility, is it?” [FC9, Yu].’.*

***Filial responsibility is a sociocultural convention, but is not my personal choice***

This theme reflects the changing value of filial piety and the changing sense of filial responsibility evident in the participant’s interviews. Comparing the traditional norms of filial piety and social obligation with understandings from contemporary society suggests that the meaning of filial piety should be redefined. In the study, filial piety has been interpreted by some participants as a social obligation rather than a cultural and moral belief. For instance,

*“Err, this won’t take many years, I have to do it, what can I do? She is my mother, who would look after her if I don’t look after her?” [FC9, Yu].*

In this extract, the meaning of looking after his mother is not based on the traditional value of filial piety. It is a task that Yu has to do as a child. Therefore, the caring responsibility here reflects an obligation or principle that requires him to fulfil caring responsibilities. Shou also raises the similar sense, saying:

*“What my thoughts are on being filial? I have no choice, it just happened (his mother has Alzheimer’s). I have no way. Sometimes I get stressed, because of the situation, I cannot do anything, so how can I not get stressed?”[FC10, Shou].*

In this quote, the meaning of taking filial responsibility did not reach the standard of the traditional value of filial piety as Shou expressed a strong sense of unwillingness. Shou was stressed because of the daily tasks and no free time for himself. The

caring responsibility that has been carried out is not because of his belief of being filial, it is forced and regulated by social and cultural convention. Mei says:

*‘... the government focuses on developing the economy, therefore leaving the responsibility of education, medical, housing and older care for individuals and family. Thus, the generation of 50s, 60s and 70s have to sacrifice their personal interests to cooperate with the state on construction.’[FC6, Mei].*

In this extract, the sense of caring responsibility has been interpreted as an obligation rather than a cultural belief. By not regarding filial responsibility as a cultural belief, Mei is able to consider that the government should take responsibility of older people with dementia. Ling manifests a similar perspective:

*“... although children have responsibility to look after their parents, but I think that the state should give children some compensation for doing it ...” [FC5, Ling].*

In the quote, filial responsibility has been taken out as a component of filial piety - taking care of parents becomes a job that needs to be paid for. If we take this idea into account, the value of filial piety will reduce. Although filial piety has been reiterated by the current authority in China, the data from some participants suggests that the cultural value is reducing. Shou illustrates this:

*“Nowadays, not many children are listening to their parents. It would be filial if children can often visit their parents, and sometimes buy stuff for their parents. Someone who is not filial to their parents when their parents are still alive, but after they die, they offer a big funeral. I don’t approve it...” [FC10, Shou].*



In the extract, Shou indicates that the value of filial piety has collapsed. The episodes of visiting parents, buying presents and holding a funeral reflects the way in which being filial has changed from the traditional way, instead reflecting a more material form rather than in a belief. Caring responsibility became an obligation which is bound by law or custom, rather than being filial. Mei says:

*“Less people can be filial like in the past. There are not many people doing it, being filial has become a formalism. There are less and less people sacrificing themselves to do it.” [FC6. Mei].*

With social conditions changing, acts and understandings of filial piety have also changed. Even though the current Chinese authority tries to promote the culture of filial piety in order to enhance the children’s responsibility to their older parents (Chou., 2011), the value of being filial still declines in the younger generation. People have become more focused on personal rights and identity - as Mei said, there are fewer children who are willing to sacrifice their time to take responsibility of their parents.

In addition, as migration is occurring in China, many adults move away from their older parents which reduces the possibility of adult children providing physical care. For example,

*‘...it is only me who looks after my father, I have one brother who lives in Shanghai, sometimes he will visit, and then he can give a little bit help, however, it is only occasionally...’ [FC2, Xue].*

## **Discussion**

The findings highlight the complexity of the participants’ attitudes towards filial piety. In this section, we discuss whether filial piety is an obligation or affection from the

participants' point of view and whether filial piety is a coping strategy or burden for them.

### ***Filial piety as an obligation or affection***

The participants interpreted filial piety through two different perspectives: filial piety is very important and is culturally and spiritually inherited; and filial piety is a principle or obligation that is constrained by social convention and law. In a Chinese family, reciprocity is one of the important characteristics of supporting filial piety in family life (Hsu & Tseng, 1985; Leung et al., 2010). Another specific characteristic is hierarchy, in which family members have prescribed roles and authority is determined by age. This characteristic of hierarchy manifests in the form of authority in which children listen to and obey their parents. It is similar to Hsu and Tseng's (1985) study as well as Sung's theory of the Two Dimensions of Filial Piety (Sung, 1999). The first perspective is behaviourally oriented filial piety, which manifests in sacrifice, responsibility, and repayment. It is focused on accomplishing duty and compliance rather than satisfaction. This dimension is more likely to be reflected in the children's sense of obligation to their parents and filial piety is measured by the degree of repayment and sacrifice that the children give to their parents. The second perspective is emotionally oriented filial piety, which manifests in harmony, love, affection and respect, and in which filial piety is measured by the children's emotional inputs. This relationship of tension between obligation and affection means children can be responsible for their parents but without being affectionate with respect and love or they view their caring role from the point of caring and love. Very often, individual carers experience both of these perspectives simultaneously.

The current study captures this conflict and the complex relationship within the participants which influences care decision-making, quality of care services and coping. In relation to the decision to care, some family caregiver participants perceived an obligation about their caring decision which was guided by social and cultural requirement rather than personal choice and willingness. 'I had to' and 'it is my responsibility' were phrases that were used frequent when the participants recalled the reason why they commenced caring. These clearly show that the filial responsibility has been defined by cultural expectation rather than (necessarily) the family caregivers' willingness. In this case, there is a diminished sense of love and caring in everyday care activities, which may have a detrimental effect on the quality of care and on the caregiver. For these participants, the outcome of caregiving is only to complete the duty, or obligation, of care. In comparison, participants who made the decision to care because of love, affection and respect were more likely to willingly give emotional support to their family member. As a result, a harmony and satisfaction more often occurs for the people with dementia and their family caregiver, potentially resulting in better care. These findings showed the importance of caring motivation and how it can influence the quality of care.

The value of filial obligation that affects caregiving experiences is controversial. Sayegh and Knight (2011) identified that cultural obligation increases the level of care burden and leads to caregiver depression. On the contrary, some studies argue that caregivers with a stronger sense of filial piety would be more likely to perceive a positive and beneficial care outcome (Kim & Lee, 2003; Tang, 2011). The finding has been further supported by Lai's (2010) research that identified filial piety as a protective factor to reduce stress and caregiving burden. It concurs with the finding of the study reported here of the value of filial obligation in maintaining the family

responsibility to the role and securing the function of the family care model. In these ways, obligation-oriented filial piety helps caring responsibility to be established in the first place while affection-oriented filial piety enhances the quality of care during caregiving activities. The current findings further highlight the interrelationship of these two dimensions of filial piety reflecting the complexity of the participants' attitudes towards filial responsibility. The current study indicates that whilst looking after a person with dementia can be stressful and needs personal sacrifice, the role of obliged filial plays a 'regulator' to fulfil the older care services within an unstable healthcare system and social security network society in China. However, family caregivers are starting to challenge the traditional view of family caregiving responsibility and to question whether they need to put aside their own needs to meet family obligations and care for family members. The findings show that individual responses to caring responsibilities are varied and complex - filial piety becomes contradictory and there is ambivalence towards filial responsibility. The research has shown that filial piety retains its place in the family care model even though its value is diminished. It requires Chinese society to consider whether caring should be the responsibility of individuals or the government.

### ***Filial piety as coping strategy or barriers***

Sacrifice is an expectation in Confucianism's filial piety, which may explain why family caregivers are willing to provide care to their parents, even in extremely difficult situations. 'She is my mother' or 'he is my father' was frequently given as the reason why family members commenced caring responsibilities. The participants clearly believed that there is a cultural and social requirement that they must accept the responsibility to care for a parent. Consequently, accepting this filial expectation becomes a coping strategy for the family caregivers. Linking this back to Yeh's

(2003) authoritarian filial piety in which children must listen and obey parents, the authoritarian filial has enforced parent-children responsibility and secured the family care provision under the specific cultural and social contexts. This coping strategy of providing care for a parent with dementia is natural in the context of maintaining family harmony and practicing filial sacrifice in Confucianism countries (Lai, 2010; Sung, 1995). The implication of this authority filial was also understood by people with dementia who felt secure and safe because they expected their children to be a supportive resource for their care. They regarded this cultural value or belief as a 'hope' of the utmost importance in coping with their 'altered' life. For example, regarding hospital expenditure, one participant with dementia said: 'I don't need to worry about debt, it is my children's responsibility'. Thus the values of obliged filial piety supports the informal care of older people. This new finding from the current study gives people with dementia a sense of 'security' because they know that their family would care for them. This new knowledge of the coping strategy for people with dementia can add to the existing literature about the effects of filial piety on the lived experience of people with dementia.

Reciprocal filial piety played a key role in the affection-focused coping strategies in the current study. Some participants thought that reciprocal filial piety contributes to continuing with a cultural belief by being filial to their parents. While others take the belief of filial piety as a cycle and believe that their children would be filial to them if they do so. This belief leads them to more easily accept their caring roles and adjust to daily caring duties. As caring for people with dementia can be a distressing time for caregivers, they must adjust to their caring roles and new life, and this close relationship is key for family caregivers. Indeed, this is one of the most commonly described coping strategies in early-stage Alzheimer's disease (Clare, 2002; Pearce

et al., 2002; Clare et al., 2003). In this study, people with dementia discussed the support they received from their children or other family members, which allowed them to cope with an 'altered' life. These accounts from the participants are significant for explaining the meaning and the concept of filial piety.

In the current study, filial piety was one of the coping strategies used by over half of the participants who are family caregivers and this has been found in other studies (Siu et al., 2001; Knight & Sayegh, 2009, 2010). The sociocultural stress and coping model proposed by Aranda and Knight (1997) suggested that the stress and burden of caregiving were influenced by the caregiver's cognitive appraisals, which influenced physical and emotional health outcomes. In the current study, despite participants experiencing difficulties with adjusting to their caring roles, they still used the words, 'I try my best' to maintain their caring role because 'filial is a priority', 'she is my mother' and 'he is my father' to encourage themselves to cope with the new roles. In this case, the belief of filial piety is inspiring and motivating for the participants. In one previous study, Lai (2010) noted "*filial piety as a protective function to reduce the negative effects of stressors and to enhance the positive effect of appraisal factors on caregiving burden*" (p200). Consistent with Lai's finding, filial piety was an emotion focused strategy for most of the caregiving participants – one participant, for example, described being filial to her mother as a self-comforter. For most of the participants with dementia, filial piety was the main coping resource, which was represented in either material or emotional support from their family. It is clear from these accounts of both participants with dementia and their family carers that filial piety plays a significant role in coping with an 'altered' life. Some of them view it as authoritarian whereas others draw more on reciprocal aspects.

The current study shows that the impact of filial piety is a very strong influence in supporting dementia care services. It presented in two ways: filial obligation helps to maintain the function of family care services, which seems the only feasible care model under the current healthcare system in China; the belief of filial piety can be developed as one of coping strategies in dementia care service. Although its value is still in place, many factors influence its functions and it seems to have been negatively affected by the ongoing sociocultural and economic change in China, which highlights the need for social and political action.

### **Limitations of the study**

There are a number of limitations of this study. The method of data collection relies heavily on the participants' ability to communicate and talk about their living experience. Thus, it would be difficult to use this approach to access to people who have communication problems or are in a severe stage of dementia. The sample in this study was recruited from hospital and health professionals and although it contributes to the homogeneous nature of a sample advocated in IPA, this may have some influence on the participants as the powerful position of health professionals may make it difficult for patients to refusing a doctor's request to take part in the research. This also necessarily excludes many people with dementia who do not use or cannot afford hospital services. It is possible that this may have distorted the findings as those recruited may not represent the wider body of people living with dementia. The researcher (XZ) had an established understanding of embodied interrelationship in Chinese families as well as an understanding of the western emphasis on an individual's independence which influence and sensitise key issues in analysis. The research was conducted with a small group of the population and in

a specific geographical area, and cannot, therefore, claim to necessarily reflect the situation in other regions where the economic development is different.

## **Conclusion**

There are few research studies on the subjective views of people with dementia and family caregivers in China, and this study describes the particular meanings and influences of filial piety for people with dementia and their family caregivers in the development of an alternative care model for older people in China. The contribution that the different perspectives of filial piety have in influencing different experiences of caregiving and outcomes leads to a need to reconsider the concept of filial piety and its value in the family care model. We should not only consider discussions of care in informal care services found in western studies, but also aspects of obligation in the parent-child relationship and its value in practice in eastern cultures, and these merit further study. This study highlights the importance of cultural values in family care decision-making and in shaping filial responsibilities. It indicates that filial obligation can be maintained through social support, even though the nature of filial piety has been changed by social transitions. It suggests that while there may be continuing support for reciprocal filial piety, a family care model complemented by a stronger government welfare system is needed to support older people and their families in modern Chinese society.

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